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APPLICATION DATA SHEET**Application Information**

Application number:: 09/650,984  
Filing Date:: 08/30/2000

**OFFICIAL**

Application Type:: Regular

Subject Matter:: Utility

Title:: TELECOMMUNICATIONS SYSTEM

Attorney Docket Number:: 1156a

Suggested Drawing Figure:: FIG. 1

Total Drawing Sheets:: 11

**Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship

Country:: USA

Given Name:: MARTIN

Middle Name:: JOSEPH

Family Name:: KAPLAN

City of Residence:: OLATHE

State or Providence of Residence:: KS

Country of Residence:: USA

Street of mailing address:: 10902 CEDAR NILES CIRCLE

City of mailing address:: OLATHE

State or Province of mailing address:: KS

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 66061

Applicant Authority Type:: Inventor

Primary Citizenship

Country:: USA

Given Name:: FRANK

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Middle Name:: ANTHONY  
Family Name:: DENAP  
City of Residence:: OVERLAND PARK  
State or Providence of Residence:: KS  
Country of Residence:: USA  
Street of mailing address:: 10324 WALMER  
City of mailing address:: OVERLAND PARK  
State or Province of mailing address:: KS  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 66212

Applicant Authority Type:: Inventor  
Primary Citizenship  
Country:: USA  
Given Name:: JOHN  
Middle Name:: ARNDT  
Family Name:: STRAND  
Name Suffix:: III  
City of Residence:: LEAVENWORTH  
State or Providence of Residence:: KS  
Country of Residence:: USA  
Street of mailing address:: 1530 SOUTH 22ND STREET  
City of mailing address:: LEAVENWORTH  
State or Province of mailing address:: KS  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 66048

Applicant Authority Type:: Inventor  
Primary Citizenship  
Country:: USA  
Given Name:: WILLIAM

Middle Name:: LEE  
Family Name:: EDWARDS  
City of Residence:: OVERLAND PARK  
State or Providence of Residence:: KS  
Country of Residence:: USA  
Street of mailing address:: 10563 GILLETTE  
City of mailing address:: OVERLAND PARK  
State or Province of mailing address:: KS  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 66215

Applicant Authority Type:: Inventor  
Primary Citizenship  
Country:: USA  
Given Name:: BRYAN  
Middle Name:: LEE  
Family Name:: GORMAN  
City of Residence:: MISSION  
State or Providence of Residence:: KS  
Country of Residence:: USA  
Street of mailing address:: 6526 WEST 49TH STREET  
City of mailing address:: MISSION  
State or Province of mailing address:: KS  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 66202

Applicant Authority Type:: Inventor  
Primary Citizenship  
Country:: TURKEY  
Given Name:: MURAT  
Family Name:: BOG

<b>City of Residence::</b>	KANSAS CITY
<b>State or Providence of Residence::</b>	MO
<b>Country of Residence::</b>	USA
<b>Street of mailing address::</b>	8646 CHESTNUT CIRCLE APARTMENT 1
<b>City of mailing address::</b>	KANSAS CITY
<b>State or Province of mailing address::</b>	MO
<b>Country of mailing address::</b>	USA
<b>Postal or Zip Code of mailing address::</b>	64131
 <b>Applicant Authority Type::</b>	Inventor
<b>Primary Citizenship</b>	
<b>Country::</b>	USA
<b>Given Name::</b>	MICHAEL
<b>Middle Name::</b>	THOMAS
<b>Family Name::</b>	SWINK
<b>City of Residence::</b>	LENEXA
<b>State or Providence of Residence::</b>	KS
<b>Country of Residence::</b>	USA
<b>Street of mailing address::</b>	7704 OAKVIEW LANE
<b>City of mailing address::</b>	LENEXA
<b>State or Province of mailing address::</b>	KS
<b>Country of mailing address::</b>	USA
<b>Postal or Zip Code of mailing address::</b>	66216
 <b>Applicant Authority Type::</b>	Inventor
<b>Primary Citizenship</b>	
<b>Country::</b>	USA
<b>Given Name::</b>	HAROLD
<b>Middle Name::</b>	WAYNE
<b>Family Name::</b>	JOHNSON

City of Residence:: ROACH  
State or Providence of Residence:: MO  
Country of Residence:: USA  
Street of mailing address:: 1092 ALCORN HOLLOW ROAD  
City of mailing address:: ROACH  
State or Province of mailing address:: MO  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 65787

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**Representative Information**

Representative Customer Number::	28004
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
THIS APPLICATION	Continuation of	08/826,641	04/04/1997

**Assignee Information**

Assignee name:: SPRINT COMMUNICATIONS  
COMPANY, L. P.